

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION  
44-134**



**11 JANUARY 2017**

**Medical**

**MANAGEMENT OF DANGEROUS OR  
SUICIDAL PATIENTS REQUIRING EYE  
CONTACT**

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This instruction implements Air Force Policy Directive 44-1, *Medical Operations*. This instruction establishes procedures for managing dangerous or suicidal patients on “units other than mental health” within Wilford Hall Ambulatory Surgical Center (WHASC), Joint Base San Antonio (JBSA)-Randolph Clinic, and Reid Clinic. It also specifically addresses management of dangerous patients and care of patients exhibiting suicidal or behavioral disorders. This instruction applies to all personnel assigned, attached, or on contract to WHASC and JBSA-Randolph Clinic. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

**SUMMARY OF CHANGES**

This publication has been revised. This rewrite of 59 MDWI 44-134 includes updated procedures.

## 1. General.

1.1. A dangerous patient is defined as a person who threatens to injure self or others, or to destroy property.

1.2. Suicidal thoughts, plans, or behavior indicate suicidal risk. Patients at risk for suicide may or may not verbalize suicidal ideation.

## 2. Procedures.

2.1. Minimize Risk. Use the least restrictive measures necessary to maintain staff and patient safety.

2.1.1. Dangerous patients are to remain under constant direct observation at all times, including when using the restroom.

2.1.2. Use a private room designated for dangerous patients that is free of dangerous or sharp objects, medications, or any other items that could be used to injure self, others or destroy property.

2.1.3. If necessary, the individual clinic/nursing unit can organize and utilize a response team for a show of force to encourage the patient to refrain from threatening or physically assaulting others.

2.1.4. Unrestrained, Violent Patients. Protection of staff is paramount. Do not attempt intervention without adequate assistance. If the patient is out of control and you intervene, protect yourself. For example, if you are in the same room as the patient, you may exit the room until adequate staff is available for support.

2.1.4.1. Allow patient to maintain distance between him/herself and staff.

2.1.4.2. Allow patient to express his/her thoughts and feelings.

2.1.4.3. Offer medication as needed (as prescribed by the treating physician).

2.1.4.4. Direct other patients and uninvolved staff to move out of the area.

2.1.4.5. Within WHASC, initiate Code Green or Code White per 59 MDWI 41-125, *Codes and Alarms*, as appropriate. Calling Hospital Automated Resource Protection Systems (HARPS) can also initiate a Security Forces response.

2.1.4.5.1. Within Reid Clinic, initiate Code Green or Code White per 59 MDWI 41-125, as appropriate. Call Security Forces at 671-0911 for response.

2.1.4.5.2. Within JBSA-Randolph Clinic, initiate Code Green or Code White per 59 MDWI 41-125, as appropriate. Call Security Forces at 652-5700 for response.

2.1.4.6. If patient attempts to leave WHASC, allow him/her to do so to prevent harm to you, others, or to himself/herself. Notify hospital security by radio or phone, 292-6070. Do not hang up the telephone until HARPS tells you to. Provide HARPS with a complete description and identification of the patient and situation, such as: How departure was made, direction patient was headed or last seen, what patient was wearing, etc.

2.1.4.6.1. If patient attempts to leave JBSA-Randolph location/clinic, allow him/her to do so to prevent harm to you, others, or to himself/herself. Notify base

security by phone, 652-5700. Do not hang up the telephone until security forces telephone assistant has all information and clears for disconnecting the phone call. Provide information to include a complete description and identification of the patient and situation, such as: How departure was made, direction patient was headed or last seen, what patient was wearing, etc.

## 2.2. Transport and Disposition Safety.

### 2.2.1. Non-violent, suicidal patients voluntarily seeking mental health services.

2.2.1.1. During duty hours (0730-1630) at WHASC, escort the voluntary patient to the Behavioral Health Consultant (292-5311) if the patient is in the Family Health Clinic or to the Mental Health Clinic (292-7361) as soon as possible.

2.2.1.2. If at JBSA-Randolph clinic contact/visit Behavioral Health Consultant (652-2437), if the patient is in the Family Health Clinic. If geographically closer to the patient/situation, JBSA-Randolph Mental Health Clinic at 652-2448 is an option.

2.2.1.3. If the patient is a trainee, contact the BAS during duty hours at 671-2032 for consultation and instructions.

2.2.1.4. If civilian, coordinate transportation to the San Antonio Military Medical Center (SAMMC) Emergency Department (ED).

2.2.1.5. After duty hours, coordinate transportation to nearest accepting ED, preferably SAMMC.

### 2.2.2. Non-violent, Suicidal Patients Refusing Mental Health Services.

2.2.2.1. Active Duty. During duty hours (0730-1630), active duty patients, including basic trainees, who refuse evaluation or hospitalization, may be referred for an Emergency Commander Directed Evaluation by their commander. Commanders should contact the appropriate military outpatient Mental Health Clinic to coordinate during duty hours.

2.2.2.1.1. After duty hours, the member should be taken to the SAMMC ED. In a circumstance where an active duty patient refuses to follow the Commander's order to go to SAMMC after duty hours, the on-call mental health provider shall consult with an on-call legal advisor through the Command Post. The member's Commander shall be included in the plan, under legal advice, on transporting the member to SAMMC against his will.

2.2.2.2. Non-active duty (retired, dependent or civilian patients). Patients determined to be a danger to themselves or others but refusing hospitalization, comply with Section 2.1. of this Instruction. Make arrangements for disposition per Bexar County procedures. These procedures must be coordinated through the Bexar County Mental Health Office (210-335-2536). Transportation is provided by the Bexar County Sheriff's Department. Contact the Medical Law Consultant office if there are any questions or concerns. If necessary, law enforcement should be contacted as well.

2.2.2.2.1. Uncooperative, non-active duty patients (retired, dependent, or civilian patients) who are determined not to be a danger to self or to others will not be detained or hospitalized if they refuse evaluation.

### 2.2.3. Violent, Unrestrained Patients.

2.2.3.1. HARPS or a staff duty officer during non-duty hours should be consulted for medically cleared belligerent patients who refuse to leave.

2.2.4. Violent, Restrained Patients. Any restrained or handcuffed patients brought to the Urgent Care Center (UCC) by law enforcement may be psychotic, suicidal, or homicidal. UCC personnel should defer these patients to SAMMC for active duty personnel or to the nearest accepting emergency department for civilians.

## 3. Responsibilities.

### 3.1. Non-Mental Health Physician:

3.1.1. It is recommended that the primary physician or on-call resident contact the Mental Health Clinic for guidance regarding any patient who verbalizes suicidal thoughts, especially those whose behavior indicates dangerous or suicidal/homicidal intent. If evaluation by a mental health provider is deemed necessary, the patient must be referred to the proper location per Section 2.2 of this instruction. The Behavioral Medicine Department will have an on-call provider after duty hours for telephonic consultations. In most cases, per AFI 44-172, *Mental Health*, the provider are not authorized to provide face-to-face evaluations after duty hours nor talk with patients over the phone.

## 4. Pediatric Patients.

4.1. As with adult patients, special care will be taken to ensure the least restrictive measures will be utilized to maintain staff and patient safety. If available, a child psychiatrist at the Mental Health Clinic can be contacted for assistance.

4.1.1. Pediatric patients will not be admitted or transferred to the adult inpatient psychiatry ward at SAMMC. Medically stable, pediatric patients will be transferred, if necessary, to a civilian inpatient unit appropriate for children. Procedures are the same as with adult patients, with the following exceptions:

4.1.1.1. In Texas, a child may consent to counseling for suicide prevention, chemical addiction or dependency, or sexual, physical, or emotional abuse. Counseling can take place with or without parental consent.

4.1.1.2. Pediatric patients, age 16 or 17, may voluntarily be transferred to an inpatient psychiatric hospital without parental consent.

4.1.1.3. Pediatric patients (not married, not active duty, not court emancipated) aged 16 or 17 who are dangerous and non-voluntary for admission cannot be admitted by their parents. They require a court order for non-voluntary commitment. Contact the Mental Health Clinic for guidance.

4.1.1.4. Pediatric patients aged 15 and below can be transferred and admitted to a psychiatric hospital by their parent(s), regardless of child's desire.

4.1.1.5. If the parents refuse admission for a dangerous child age 15 years or younger, a court ordered commitment might be necessary. See [Chapters 571-578](#) of the Texas Health and Safety Code Contact Psychiatry or Medical-Legal for assistance.

JOSEPH R. RICHARDS, Colonel, USAF, MC  
Chief of the Medical Staff

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 9 June 2016

AFI 44-172, *Mental Health*, 13 November 2015

59 MDWI 41-125, *Codes and Alarms*, 16 August 2016

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**ED**—Emergency Department

**HARPS**—Hospital Automated Resource Protection Systems

**IAW**—In Accordance With

**JBSA**—Joint Base San Antonio

**SAMMC**—San Antonio Military Medical Center

**UCC**—Urgent Care Center

**WHASC**—Wilford Hall Ambulatory Surgical Center